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## Fats, Cholesterol, and Sodium Intake in the Diet of Persons 1-74 Years: United States<sup>a</sup>

#### INTRODUCTION

Several dietary components of the current diet in the United States may be risk factors in the development of major diseases, particularly cardiovascular diseases and cancer. 1-12 Because of the importance of the reported relationship between dietary components and disease patterns, this report provides reference data on the consumption patterns and food groups that are the major sources of these components.

The dietary data were obtained during the first Health and Nutrition Examination Survey (HANES I). The survey is a program in which measures of nutrition status are collected for a scientifically designed sample representative of the civilian noninstitutionalized population of the United States in a broad range of ages.

Of the 28,043 sample persons selected to represent 194 million persons aged 1-74 years in the U.S. population, 20,749 persons, or 74 percent, were examined. This is an effective response rate of 75 percent when adjustment is made for the effect of oversampling among preschool children, women of childbearing age, the poor, and the elderly.

The HANES nutrition examination component included a general medical examination by a physician for indicators of nutritional deficiencies, a skin examination by a dermatologist, and a dental examination by a dentist. Body measurements were taken by a trained technician; a dietary interview, consisting of a 24-hour recall of food consumption and a food frequency questionnaire, was administered by

professional dietary staff; and numerous laboratory tests were performed on whole blood, serum, plasma, and urine. A description of the sampling process, HANES operations, and response rates has been published.<sup>13</sup>

Estimates in this report were based on weighted observations, i.e., data obtained on examined persons are inflated to the level of the total population using appropriate weights to account for both sampling fractions and response results.

Findings on the consumption patterns and sources of food groups from dietary components will be analyzed and discussed in a future report. <sup>14</sup> Selected data from that report are presented in tables 1-8 and figure 1.

Information on food intake was obtained by the 24-hour recall method for the day, midnight to midnight, preceding the interview and accounted for all regular meals eaten as well as for between-meal foods or snacks. Food recall included foods eaten on Monday through Friday but generally excluded foods eaten on weekends which may pertain to unusual food intakes.

Foods reported by individuals were grouped under 18 main headings (figure 1). Eleven of these food groups were major sources of the nutrients, cholesterol, and sodium intake and are shown in tables 1-7. These 11 food groups and the other 7—sources of only small proportions of nutrients, cholesterol, and sodium—are shown in table 8. Contents of food groups 1-18 referred to in this report are presented in figure 1.

#### **FAT INTAKE**

HANES provided data on dietary intake of total fat and saturated fat. The data did not permit evaluation of total polyunsaturated and

<sup>&</sup>lt;sup>a</sup>This report was prepared by Sidney Abraham and Margaret D. Carroll, M.S.P.H., Division of Health Examination Statistics.

# Figure 1. FOOD OR FOOD GROUPS CONTRIBUTING TO FAT, CHOLESTEROL, AND SODIUM INTAKES

#### FOOD OR FOOD GROUP

#### **EXPLANATION OF FOOD ITEMS**

1	Milk and milk products	Includes milk drunk as a beverage or used on cereals; flavored milk drinks; cocoa made with milk; skim milk, yogurt, or buttermilk; ice milk; ice cream or puddings made with milk; cheese and cheese dishes. EXCEPTION: CREAM CHEESE
2	Meat	Includes beef, pork, lamb, veal, luncheon meats, canned meats, frankfurters
	Organ meats	Includes liver, kidney, heart, spleen, etc.
3	Fats and oils	Includes butter, margarine, salad oils, salad dressings, bacon, cream cheese, cream, peanut butter, non-dairy cream
4	Desserts and sweets	Includes cake, pie, cookies, fruit puddings, Jello, doughnuts (cake-type and yeast-type), sherbert, sweet snacks. EXCEPTIONS: ICE CREAM, ICE MILK
5	Mixed protein dishes with carbohydrates- starches or vegetables	Includes casseroles, pot pies, pizza, spaghetti with meat, etc. EXCEPTIONS: PLAIN CHEESE DISHES
6	Cereals	Includes breakfast cereals either dry such as cornflakes or cooked such as oatmeal.
7	Poultry	Includes chicken, turkey, duck, game birds, cornish hen, etc.
8	Fish or shellfish	Includes all varieties of fish and shellfish regardless of whether canned, fresh, frozen, dried or salted.
9	Eggs	Includes eggs eaten e.g., fried, boiled, poached, deviled, or egg salad. EXCEPTIONS: EGGS IN COOKED OR BAKED DISHES SUCH AS CUSTARDS, AND PUDDINGS
10	Fruits and vegetables	Includes: a. All kinds: fresh, canned, frozen, cooked or raw; juices, including Tang or fruit drinks b. Fruits and vegetables rich in Vitamin A c. Fruits and vegetables rich in Vitamin C
11	Salty snacks	Includes potato chips, corn chips, puffed snacks, cheese snacks, salted popcorn, salted pretzels, etc.
12	Grain products	Includes bread, rolls, biscuits, muffins, cornbread, crackers, unsalted pretzels.
13	Alcoholic beverages	Includes a) beer, b) wine, c) distilled liquors
14	Sugar free and low calorie beverages	Includes coffee (regular, Sanka and decaffeinated), tea, bouillion, consommé and diet carbonated drinks
15	Soups	Includes milk and water-based; gravies and sauces (meat and vegetable based)
16	Legumes and nuts	Includes dry beans and peas such as pinto beans, red beans, black-eyed peas, peanuts, soybeans, soy products, etc.
17	Miscellaneous	Includes mustard, gelatin, malt, beverage powders, chili powders, seeds, low fat salad dressings, etc.
18	Sugar and primarily sugar products	Includes candy, Kool-aid, soft drinks, lemonade, limeade.

monounsaturated fatty acids, but intake data were available for linoleic and oleic fatty acids.

The quality and kind of fat in the diet affects the serum lipid concentration. Saturated fat tends to elevate and polyunsaturated tends to decrease the serum cholesterol levels. Polyunsaturated fatty acids considered essential for nutrition are linoleic, linolenic, and arachidonic. Of the three, linoleic is relatively more abundant in foods than the other two. Monounsaturated fat, of which oleic acid is the most common fatty acid, does not elevate or lower the serum lipids.

Findings from HANES showed that the average reported consumption of fat was 83 grams on the day of recall. Fat represented 38 percent of the calories consumed daily (table 1). Males reported a higher fat intake, a mean of 100 grams per day, than females (67 grams) did. However, the percent of calories from fat was the same for both sexes (38 percent).

The daily mean fat intake of females increased with age from 60 grams at the youngest age group (1-5 years) to a maximum of 79 grams at the older age group (12-17 years) and then declined in each successively older age group (table 1).

A similar pattern was found for males. However, the mean fat intake was higher in each age group than that for females (an expected occurrence since the reported food intakes of males provided more calories than the diets of females did), and peaked at a later age group (18-44 years).

The major sources of fat in the diet for both males and females aged 1-74 years, in descending order of their percent contribution, were meat, milk and milk products, fats and oils, desserts and sweets, and grain products. These five food groups provided more than 70 percent of the fat for each sex and age group in the population (table 2).

#### Meat

The meat group includes beef, pork, lamb, veal, luncheon meats, canned meats, frankfurters, and organ meats. For both males and females the percent contribution of meat to the fat value of the diet increased with age from the youngest ages (1-5 years), peaked at the adult ages (18-44 years), and then declined slightly. Adult males consumed larger percents of fat from meat than adult females did. The observed difference in percents between males and females in the youngest ages was slight.

#### Milk and Milk Products

The milk and milk products group includes whole milk, skim milk, or buttermilk reported as a beverage or used on cereal, flavored milk drinks, cocoa made with milk, yogurt, ice milk, ice cream, puddings made with milk, and cheese and cheese dishes. Foods from this group supplied more of the fat in the diets of children 1-11 years of age than any other food group did, accounting for roughly 30 percent of the total fat

	Both sexes		Mal	e	Female		
Age	Mean fat intake (gram)	Percent of calories from fat	Mean fat intake (gram)	Percent of calories from fat	Mean fat intake (gram)	Percent of calories from fat	
1-74 years	83	38	100	38	67	38	
1-5 years	63 84 96 91 76 62	37 37 38 38 38 38	66 90 113 115 94 75	37 38 38 38 39 38	60 78 79 69 60 52	37 37 39 38 37 36	

		Selected food groups							
Sex and age	Mean fat intake (gram)	Meat	Milk and milk products	Fats and oils	Desserts and sweets	Grain products	Other		
<u>Male</u>				Perc	cent				
1-74 years	100	24	19	15	8	7	27		
1-5 years	66 90 113 115 94 75	15 17 21 28 27 24	30 28 25 16 14 15	14 13 12 15 19 20	9 9 9 7 7 7	7 7 7 6 7	25 26 26 28 26 27		
•									
1-5 years	60 78 79 69 60	16 17 21 23 23	31 29 23 16 15	13 13 12 17 19	8 9 9 8 7	5 7 6 7 7	27 25 29 29 29		
65-74 years	52	20	15	22	7	8	28		

Table 2. Mean daily fat intake and percent of fat provided by selected major food groups, by sex and age: United States, 1971-74

consumed by young boys and girls. The percent contribution of milk and milk products to fat intake for males and females declined with age, with the lowest percents falling in the older age groups. This pattern for children was the opposite of that found for the meat group.

#### Fats and Oils

The fats and oils group includes butter, margarine, salad oils and dressings, bacon, cream cheese, creamy peanut butter, and nondairy cream. Gravies and low calorie salad dressings are not included. The largest percent contribution of fats and oils to fat intake was at the oldest age group (65-74 years) of males and females where it accounted for 20 and 22 percent, respectively. However, a smaller percent contribution of fats and oils was in the intakes of children and adolescents.

#### Desserts, Sweets, and Grain Products

The desserts and sweets and the grain products groups were less important as sources of fat in the U.S. diet. Desserts and sweets, excluding candy, contributed 7-9 percent of the daily fat intake, with the percent contribution about the same in each age group and for both sexes.

Grain products generally contributed a slightly smaller percent of fat to the diet than the desserts and sweets groups did. By age, values ranged from 6-7 percent for males and 5-8 percent for females.

#### Saturated Fat

Table 3 shows that the age patterns described for total fat consumption of males and females were also observed for saturated fat. Table 3 also shows the seven food groups that were the major sources of saturated fat. Altogether, these groups provided 84 percent or more of the saturated fat for each age-sex group. As with total fat intake, the milk and milk products group is the major source of saturated fat for children and adolescents of both sexes. For adults the meat group was the major source.

	Mann	Source of saturated fat											
Sex and age	saturated fat intake (gram)	Milk and milk products	Meat	Fats and oils	Mixed protein dishes	Grain products	Desserts and sweets	Eggs	Other				
Male					Percent								
1-74 years	37	29	28	12	5	5	5	4	12				
1-5 years	25 34 42 42 34 27	44 41 37 24 21 23	17 19 24 33 31 27	10 9 10 12 16	5 6 6 6 4 4	5 5 4 5 5 6	5 5 5 4 4 5	4 3 2 4 5 6	12 12				
<u>Female</u> 1-74 years	24	29	25	13	5	5	5	3	15				
1-5 years	23 29 29 25 25 22	45 42 34 24 23 24	17 19 24 27 28 25	9 10 9 14 17 18	5 5 5 6 5 4	4 5 5 5 5 6	5 5 5 5 5 5	4 2 2 3 4 5	12 16 16 13				

Table 3. Mean daily saturated fat intake and percent of saturated fat provided by major food groups, by sex and age:
United States, 1971-74

Other sources of saturated fat (in order of percent contribution to total fat consumption) were fats and oils, mixed protein dishes, grain products, desserts and sweets, and eggs.

Milk and milk products (table 3) supplied 29 percent of the saturated fat in the food intakes of males and females aged 1-74 years. The age patterns found in percent contributions of these foods to total fat intake for males and females were also found for saturated fat. The largest percent was observed in the lowest age group (1-5 years). After these ages the share of saturated fat from the milk group declined with increased age, falling from 41 and 42 percent, respectively, for males and females ages 6-11 years to about 23 percent in the oldest age group (65-74 years) for both sexes.

The meat group (table 3) supplied 28 and 25 percent, respectively, of the saturated fat in the food intakes of males and females aged 1-74 years. The percent contribution increased from the younger ages for both sexes, peaked at ages 18-44 years, and then declined, relatively more

for males than for females. In the younger ages, both sexes showed a relatively larger share of saturated fat from milk and milk products than from meat products. After ages 12-17 years, the share from meat was relatively higher than that from milk and milk products.

The contribution of fats and oils to saturated fat intake ranged from 9 to 17 percent for males; older males reported the largest percent of their saturated fat from fats and oils. A similar pattern was generally observed for females. The contributions of mixed protein dishes, desserts and sweets, grain products, and eggs to this dietary component were relatively smaller. For each food group, the percents by each sex-age group were fairly constant with no observable age pattern.

#### Linoleic Acids

Fats and oil products were the major sources of linoleic acids for males and females in all age groups (table 4). The largest percent intake from

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	Mean linoleic			Source o	of linoleic fatt	y acids		
Sex and age	fatty acids intake (gram)	Fats and oils	Poultry	Fruits and vegetables	Salty snacks	Meat	Desserts and sweets	Other
Male					Percent			<b></b>
1-74 years	11	36	12	11	8	8	6	19
1-5 years	6 9 12 13 10 8	35 35 30 35 41 42	12 11 10 13 14	9 9 13 11 9 9	10 13 15 7 2 1	7 6 6 9 9	7 6 6 5 6	20 20 19 20 21
Female 1-74 years	8	36	14	10	8	7	6	1!
1-5 years 6-11 years 12-17 years 18-44 years	6 8 9 8	34 31 30 36	13 14 11 14	8 <sup>-</sup> 7 10 11	13 16 17 6	6 6 7	6 6 5	2 2 2 2

14

15

41

45

Table 4. Mean daily linoleic fatty acid intake and percent of linoleic fatty acids provided by major food groups, by sex and age:

United States, 1971-74

this fatty acid occurred after age 44 years—more than 40 percent for both males and females. At the younger ages this food group contributed more than 30 percent of the daily linoleic acid intake.

45-64 years.....

65-74 years.....

Broiled, roasted, or stewed poultry usually contributes no more than 1-3 grams of linoleic acid for a 100 gram (3½ ounces) edible serving. In HANES, poultry was the secondary source of this fatty acid. The codes for fried chicken included a standard amount of breading and fat which contributed the linoleic acid to the daily intake. This standard was used only when the actual type and amount of fat used to fry chicken with its skin left on was unknown. Differences in percent contribution of poultry to linoleic acids were small. For males, poultry contributed 10-14 percent of the linoleic acids for all age groups. The corresponding percent for females in comparable age groups was 11-15 percent.

Other major sources of linoleic acids were fruits and vegetables, salty snacks, meat, and desserts and sweets.

Comparing these four food groups, relatively more linoleic acids were obtained from salty snacks for both sexes among children and adolescents than among adults. This age pattern was not evident for the other food products. Generally, the share of linoleic acids from these other food groups remained fairly stable with age.

7

5

5

21

19

#### Oleic Acids

Meat, milk and milk products, fats and oils, desserts and sweets, grain products, and mixed protein dishes were the major sources of oleic fatty acids, providing about 80 percent of the oleic acids in the intakes of most sex-by-age groups (table 5).

For the population aged 1-74 years, meat was the major source of oleic acids. The percent contributed by these foods peaked at age 18-44 years for both males and females and then declined slightly.

The share of oleic acids reported from the milk and milk products group was largest among

Table 5. Mean daily oleic fatty acid intake and percent of oleic fatty acids provided by major food groups, by sex and age:
United States, 1971-74

children and adolescents, the pattern previously observed for other sources of fat. After age 18 the percent contribution of oleic acids from this food group decreased most rapidly with age, declining to about 12 percent in the older age groups.

The third source of oleic acids, the fats and oils group, contributed 13-20 percent of the oleic acids in the daily intake of males with a slight increase for the oldest age group. A similar narrow range of percent was noted for females of comparable ages, with a slight increase also noted for the oldest age group.

Desserts and sweets and grain products each contributed about the same percent of oleic acids with no noticeable differences between sex and age groups.

#### CHOLESTEROL INTAKE

Eggs, meat, and milk and milk products were the major sources of cholesterol, contributing 73 percent of the daily intake of cholesterol for males and 67 percent for females (table 6). The desserts and sweets group and the fats and oils group each contributed 3-6 percent of the cholesterol for all the sex and age groups.

Eggs were the major source of cholesterol for children aged 1-5 years and for adults of both sexes. Children of these ages and adult males reported more than a third of their cholesterol intake from eggs and adult females slightly less than a third.

Adolescents aged 12-17 years reported relatively more cholesterol intake from the meat food group—more than one-fourth of their daily intake—than the other major food sources.

Milk and milk products were the major sources of cholesterol reported by boys (28 percent) and girls (31 percent) aged 6-11 years.

The percent contribution of eggs to cholesterol intake generally declined with age after ages 1-5 years for both sexes to a low at ages 12-17 years and then increased to about the percent previously observed at the younger age group.

Table 6. Mean daily dietary cholesterol intake and percent of cholesterol provided by major food groups, by sex and age:
United States, 1971-74

	Mean	Source of cholesterol							
Sex and age	cholesterol intake (mg) <sup>1</sup>	Eggs	Meat	Milk and milk products	Desserts and sweets	Fats and oils	Other		
Male		Percent							
1-74 years	439	31	26	16	4	4	19		
1-5 years	297 343 404 513 459 408	35 25 21 32 35 36	15 20 27 29 28 22	25 28 26 13 11	4 5 5 4 3 4	3 3 4 4 4 4	18 19 15 19 19 24		
<u>Female</u> 1-74 years	298	27	24	16	5	4	24		
1-5 years	271 271 287 307 324 271	34 19 22 27 28 31	15 20 26 26 25 23	26 31 23 13 11 11	4 5 6 5 4 4	3 4 3 4 4 4	18 21 20 25 28 26		

<sup>&</sup>lt;sup>1</sup>Milligram

The largest percent of cholesterol intake from meat occurred at ages 18-44 years for males and at ages 12-17 and 18-44 years for females. The share of cholesterol intake from meat then decreased with age, declining to 22 percent for males and 23 percent for females in the oldest age group. The percent contribution of cholesterol from milk and milk products peaked at ages 6-11 years for both sexes with the foods from this group supplying least of the cholesterol intake in the older age groups (table 6).

The mean cholesterol consumption of males increased from age group 1-5 years, peaked at age group 18-44 years, and then declined. The mean cholesterol consumption of females increased with age, peaked at age group 45-64 years, and then declined; the average cholesterol consumption was the same for the youngest age group (1-11 years) and the oldest age group (65-74 years).

#### SODIUM INTAKE

HANES data on sodium intake were converted to salt intake, assuming a ratio of 1 gram of salt to 400 mg. of sodium. The salt data from HANES are incomplete because the values cover only naturally occurring sodium in foods and sodium added by processors. Table salt is not included in these data. Males reported an average daily consumption of 2,663 mg. of sodium or about 7 grams of salt and females reported an average daily consumption of 1,826 mg. of sodium or about 5 grams of salt. Among age groups, the differences in reported percent by source of sodium were small (table 7).

Table 7 also shows the seven food groups that supplied 77 percent or more of sodium for all sex and age groups. Foods such as mustard, ketchup, worcestershire sauce, and other condiments, the major sources of sodium, accounted

Table 7. Mean daily sodium intake and percent of sodium provided by major food groups, by sex and age: United States, 1971-74

	Mean			Source	of sod	ium			
Sex and age	sodium intake (mg) <sup>1</sup>	Grain products	Milk and milk products	Mixed protein dishes	Meat	Soups	Fruits and vegetables	Fats and oils	Other
Male		Percent							•
1-74 years	2,663	24	14	12	9	8	7	6	20
1-5 years	1,866 2,512 2,924 2,984 2,500 2,212	21 23 24 24 26 27	19 17 16 13 11	11 13 14 13 8 6	7 6 7 9 9	6 8 9	6 6 8 8 8	6 5 5 6 8 7	21 23 22 19 21 22
Female 1-74 years	1,826	24	14	11	7	8	8	6	22
1-5 years	1,703 2,214 1,977 1,838 1,674 1,506	20 24 24 24 25 27	19 17 16 13 12	12 12 13 13 8 5	7 6 7 8 6 8	8 9 9	6 7 8 8 10 9	6 5 5 7 7 8	21 21 19 18 23 23

<sup>&</sup>lt;sup>1</sup>Milligram

NOTE: HANES sodium intake values converted to salt intake values assuming a ratio of 1 gram of salt to 400 mg of sodium.

for only 0.2 percent in the 24-hour recall data because of minimal volume consumption. HANES data indicate that grain products are the major contributing source of sodium in the 24-hour recall data. Grain products contributed about one-quarter of the sodium intake in all sex and age subgroups, providing 20-27 percent in all groups. The percents are fairly stable throughout the age groups.

The milk and milk products group was the second major source of sodium intake. Younger males and females showed a higher percent of sodium intake from milk and milk products than adults did. This pattern is expected because of the higher consumption of milk and milk products by the younger age groups.

Mixed protein dishes were another source of sodium. This group of foods contributed 6-14

percent of the daily sodium intake for males and 5-13 percent for females. Both sexes aged 45 years and older showed the smallest share of sodium from this food group.

Other food groups contributing smaller amounts of sodium in the diets of the U.S. population were meats, soups, fruits and vegetables, and fats and oils. These food groups generally contributed less sodium to the daily intake in all population subgroups than grain products, milk and milk products, and mixed protein dishes did. The differences between sexes in percent of sodium intake were small. For each sex, age was not a factor. The percent of dietary components provided by all food groups appearing in the 24-hour recall of all persons aged 1-74 years in the United States is presented in table 8.

Table 8. Percent distribution of dietary components provided by food groups appearing in the 24-hour recall of food comsumption and mean intake of dietary components of persons aged 1-74 years: United States, 1971-74

Food or food group	Calories	Protein (gram)	Fat (gram)	Sodium (mg) <sup>1</sup>	Saturated fatty acid (gram)	Oleic acid (gram)	Linoleic acid (gram)	Cholesterol (mg) <sup>1</sup>		
	Percent distribution									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Skim milk or buttermilk	1.2	2.6	0.4	1.3	0.1	0.1	-	0.2		
Cheese and cheese products	1.9	3.6	3.4	4.2	4.9	2.9	0.9	2.4		
excluding cheese Meat	12.9 13.6	16.2 29.6	15.6 22.5	8.3 7.9	23.9 26.5	12.5 25.5	7.1	13.7 23.2		
Poultry	1.5	5.1	3.7	0.2	2.0	3.3	12.9	2.9		
Organ meats	0.2	0.6	0.3	0.1	0.3	0.4	0.2	1.9		
Fish or shellfish	1.3	4.0	1.4	0.7	1.0	1.3	2.0	2.9		
Eggs	2.2	3.6	3.9	2.9	3.6	4.2	2.4	29.1		
Soups	1.4 6.3	0.9 2.0	1.8 15.4	8.1 6.3	1.7	1.7 15.4	2.4 35.8	0.5		
Fats and oils	2.2	3.0	2.2	6.3 4.0	1.7	2.3	2.5	5.9		
Legumes and nuts Cereals	1.8	1.2	0.4	3.4	0.1	0.1	0.4	5.5		
Grain products	15.1	11.2	6.6	24.0	4.9	8.6	5.0	3.7		
Fruits and vegetables	10.8	5.2	5.1	7.7	3.3	3.5	10.2	1.1		
Sugar and primarily		0.2	0	, , ,		0.0	1012	1		
sugar products	8.8	0.7	1.8	0.5	1.9	2.2	1.5	0.1		
Desserts and sweets	8.0	2.7	7.7	6.1	4.7	8.4	5.6	4.3		
Miscellaneous	0.5	0.4	0.3	0.2	0.1	0.1	1.1			
Mixed protein dishes	4.9	6.5	5.1	11.5	5.2	6.1	1.8	4.3		
Alcoholic beverages	3.3	0.4	_	0.3	-	-	-			
Sugar free and low		į								
calorie beverages	0.4	0.1	-	0.6	-	-	-	0.1		
Salty snacks	1.5	0.5	2.2	1.5	1.6	1.4	8.2			
Mean	1,971	77	83	2,230	30	31	9	366		

<sup>&</sup>lt;sup>1</sup>Milligram

#### DISCUSSION

Reference data on dietary components implicated in increased risk to disease have been presented and analyzed by sex and age because of the medical interest in such data. These estimates are generalized for the U.S. population and provide cross-sectional data on the consumption of selected dietary components as reported by persons representing different age groups in the U.S. population. The limitations of cross-sectional data should be recognized in considering age group changes. The use of 24-hour recall to estimate dietary habits is also a limitation. Recent food intakes do not necessarily reflect lifetime dietary habits. Since the disease

processes of those cited are long-term, it is questionable to relate recent dietary habits to the risk of these diseases. The estimates in this report will be compared with HANES II data on food consumption patterns which will be available in 1980.

There are limitations to the dietary estimates obtained from HANES. The major source of data for the basic nutritional values of food items is from the U.S. Department of Agriculture Handbook No. 8.15 Because of the introduction of new food items in the market, updated and added values for new foods are made according to information provided by the U.S. Department of Agriculture (USDA), food processors, and manufacturers. However, despite

the considerable data on the nutrient composition of foods, information is less than optimal in those areas of the macronutrients whose importance is of immediate interest.

More of the data used in HANES, obtained from the USDA data bank, are for commodities than for brand name convenience foods.

Another problem is lack of information on

the lipid content of food served by institutions, restaurants, and fast food outlets; <sup>16</sup> the main sources of compiled data have covered only food eaten in the home. The present dietary data bank was compiled mainly for nutrients—e.g. vitamins A and C, calcium, and iron—whose deficiency led to the classical nutritional diseases.

#### REFERENCES

<sup>1</sup>American Heart Association: Inter-Society Commission for Heart Disease Resources: Primary prevention of atherosclerotic diseases. *Circulation* 42(6): A55, Dec. 1970.

<sup>2</sup>Turpeinen, O.: Effect of cholesterol-lowering diet on mortality from coronary heart disease and other causes. *Circulation* 59(1): 1-7, 1979.

<sup>3</sup>Keys, A., ed.: Coronary heart disease in seven countries. *Circulation* 41 (Supp. I), 1970.

<sup>4</sup>Wynder, E. L.: Nutritional Carcinogenesis 360-378. Annals of the New York Academy of Sciences. Vol. 300. Food and Nutrition in Health and Disease, 1977. Edited by N. H. Moss and J. Mayer.

<sup>5</sup>McGandy, R. B., Hegsted, D. M., and Stare, F. J.: Dietary fats, carbohydrates and atherosclerotic vascular disease. *New Engl. J. Med.* 277:186, 1967.

<sup>6</sup>Stamler, J.: Diet-related Risk Factors for Human Atherosclerosis: Hyperlipidemia, Hypertension, Hyperglycemia - Current Status. In *Diet and Atherosclerosis*, edited by C. Sirtori, G. Ricci, and S. Gorini. New York Plenum Press, 1973, p. 125.

<sup>7</sup>Diet, Nutrition, and Cancer Program, National Cancer Institute, National Institutes of Health Status Report, 1977.

<sup>8</sup>Harper, A. E.: Dietary goals - a skeptical view. *Am. J. Clin. Nutr.* 31: 310-321, 1978.

<sup>9</sup>American Health Foundation: Position statement of diet and coronary heart disease. *Prev. Med.* I(1,2): 255-286. Mar. 1972.

<sup>10</sup>National Institutes of Health: Arteriosclerosis—A report by the National Heart and Lung Institute task force on arteriosclerosis. Vol. II. DHEW Pub. No. (NIH) 72-219. National Institutes of Health. Washington. U.S. Government Printing Office, June 1971.

<sup>11</sup>National Academy of Sciences - National Research Council, Food and Nutrition Board and American Medical Association, The Council on Foods and Nutrition: Diet and Coronary Heart Disease. Washington, D.C. National Academy of Sciences and American Medical Association, July 1972.

<sup>12</sup>Dietary Goals for the United States, Select Committee on Nutrition and Human Needs, United States Senate, 2d edition. Washington. U.S. Government Printing Office, Dec. 1977.

13 National Center for Health Statistics: Plan and Operation of the Health and Nutrition Examination Survey, United States, 1971-73. Vital and Health Statistics. Series 1-Nos. 10a and 10b. DHEW Pub. No. (HSM) 73-1310. Health Services and Mental Health Administration. Washington. U.S. Government Printing Office, Feb. 1973.

14National Center for Health Statistics: Consumption patterns in the United States, 1971-1974. Vital and Health Statistics. Series 11. Public Health Service, DHEW, Hyattsville, Md. To be published.

<sup>15</sup>Watt, B. K., and Merrill A.: Composition of Foods-Raw, Processed, Prepared. Agriculture Handbook No. 8 (rev.). Washington. U.S. Department of Argiculture, 1963. Revised Data Tape, Expansion (Mar. 1972).

16 Food Quality in Federal Food Programs, Hearings before the Select Committee on Nutrition and Human Needs of the United States Senate. 95th Congress, First Session, Sept. 1977, Part 2. Washington. U.S. Government Printing Office, Statement of Dr. Kent K. Steward, pp. 73-82.

SYMBOLS	
Data not available	
Quantity zero	0.0
or precision	

#### **TECHNICAL NOTES**

The sampling plan for the 65 examination locations in the Health and Nutrition Examination Survey (HANES) followed a highly stratified multistage probability design in which a sample of the civilian noninstitutionalized population of the conterminous United States aged 1-74 years was selected. Successive elements used in the sampling process were the primary sampling unit, census enumeration district, segment (a cluster of households), household, eligible person, and sample person. The sampling design provided for oversampling among persons living in poverty areas, preschool children, women of childbearing age, and the elderly.

The dietary component values are shown as population estimates, i.e. the findings for each individual have been "weighted" by the reciprocal of the probability of selecting the person. An adjustment for persons in the sample who were not examined and post-stratified ratio adjustments were also made so that the final sampling estimates of the population size are brought into closer alignment with the independent U.S. Bureau of the Census estimates for the civilian noninstitutionalized population of the United States as of November 1, 1972, by race, sex, and age.

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